JUMBULANCE
making travel possible

CHARITY NO. 1090731

DOCTOR

DOCTOR'S APPLICATION FORM 2017 **DESTINATION:**

SECTION 1 : PERSONAL DETAILS

Title: Forename: Last Name:

Date of Birth: (DD/MM/YY):

Correspondence Address:

Post Code: Preferred phone number:

Email Address:

Emergency Contact Details:

Forename: Last Name:

Relationship:

Address:

Phone: Mobile:

Email address:

Passport/Healthcard & Insurance Details (This is required for all European travel)

Passport No: Date of Expiry:

EHI Card No: Date of Expiry:

Insurance Policy No (if known):

SECTION 2: PROFESSIONAL DETAILS

Place of Work: Present Position Held:

Retired/non practising, please state how long:

Past Experience/Speciality:

Qualification and Dates:

Please State GMC Registration No: MDU/MPS Number:

Name, Address and Qualification of Professional Referee (page 3)(first time travellers only)

Do please notify the Medical Defence Union or Medical Protection Society of your intention to volunteer

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SECTION 3: ENHANCED DISCLOSURE (to be completed by all volunteer helpers)

You must have an enhanced disclosure (DBS/PVG Scheme/CRB) that is less than three years old to volunteer on a Jumbulance holiday.

Do you have an enhanced disclosure YES/NO

Please provide a copy of your disclosure certificate or online reference number. Failure to do so may impact on your ability to take part.

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SECTION 4 : GENERAL INFORMATION

Are you a vegetarian? YES/NO Vegan? YES/NO

Other Special Diet:

Are you a smoker? YES/NO

The Jumbulance Trust has a strict no smoking policy on the vehicles

Is this your first Jumbulance Trip? YES/NO

Can we use photos and footage of you? YES/NO

SECTION 5 – MEDICAL INFORMATION

Are you fit and able? YES/NO

Are you on medication: YES/NO

If yes please state your drugs and dosage: **Please list ALL medication and attach Chemist's print out**

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Any other useful information:

Please indicate any history of back trouble, heart trouble, lung or chest weakness, epilepsy, diabetes, allergies etc. This information is to achieve a well balanced team of helpers.

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Your Doctor's Details

Title: Forename: Last Name:

Full Address:

Postcode: Telephone number:

I hereby authorise the Jumbulance Trust or it's representatives to make such enquiries as it deems necessary to validate any information contained on this form and confirm hat at no time has my name been included on the Protection of Vulnerable Adults list nor on the Sex Offenders Register.

I confirm that the above information is correct and authorise the Jumbulance Trust or its representatives to seek confirmation from my Doctor if required. For insurance purposes I also confirm:

i) That I am not travelling against the advice of a medical practitioner nor for the purpose of obtaining medical treatment abroad.
ii) That I am not expecting to give birth before or within eight weeks following the date of arriving home (ladies)

Application's Signature: Date:

WHEN COMPLETED PLEASE RETURN TO GROUP ORGANISER

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REFERENCE

I confirm that I have known .....

For ..... years and have no reason to believe that he/she would be unsuitable in any way to act as a carer of vulnerable adults or children travelling as part of a holiday group on a Jumbulance.

Signed:

Name:

Address:

Post Code:

Date: